Гах	$\mathbf{V}_{\alpha\alpha\alpha}$
rax	Year

Form 1040

Personal Tax Organizer (1040)

Tax	payer	Informa	atio	1					Spo	ouse Ir	formati	on	
Last Name				_	I	Last	Nam	e	_ _ _				
First Name					I	First	Nan	ıе					
Middle Initial													
Social Security N										mber			
Date of Birth													
Occupation					(Occu	patio	n					
Work Phone					/	Work	k Pho	ne					
Cell Phone					(Cell	Phon	e					
Home Phone					I	Hom	e Pho	one					
Fax Number					I	Fax l	Numl	ber					
Email Address					I	Ema	il Ad	dress	S				
Address											'	Apt	
City							State)			Zip		
County						_							
Preferred Contact	Method	Taxpay				Cellp				t (cell)	Work □		Home □
		Spouse		Email □		Cellp	hone		Tex	t (cell)	Work □		Home
Dependent Inf	ormati	on											
First Name		MI	Soc	ial Security	Numb	oer	D	ate of	:		Lived with	С	hild Care
Last Name		Suffix		Relationship			Birth		Taxpayer in current Tax year		Expense		
										10	x year		
			 										
			<u> </u>										
			 										
			•										
Child and Dep	endant	t Care F	rovi	der Expe	enses	_	NOT	<u>'Е:</u> Т	his i	s not Pre	e-School or	Privat	e Tuition
Child's Name	Provi	der Nam	e	Ac	ddress	S		Τe	elepl	none	FEIN or	SSN	Amount
													\$
													\$
													\$
													\$
	_												•
Education Tui			_	NOTE:	This	is f	or C	olle	ge r	ot Pre-	School or I	Privat	e Tuition
Students First Name MI Social S			Security Nu	mber	her Year of College				Name of College				
Last Name Suffix Social S		, -, -, -, -, -, -, -, -, -, -, -, -,		(Fr	eshmai	n, Sopl	homo	re, etc)			- 0 -		
Attach all 1098-T fo	orm(s) ar	nd a list of	your	qualified e	ducati	on e	xpens	es					
				-			-						Do mo 1

Γ	ax	Year
_	α_{2}	1 Cai

Form 1040

Attach Form(s) W-2 – Wages, Salaries, Tip and Other Compense Employer Name Attach Form(s) 1099-R – Distributions from Pensions, Annuities		Amount \$ \$ \$ \$ \$ \$ IRAs, etc
1099-R Payer Name		Amount \$ \$ \$ \$ \$ \$ \$
Attach Form(s) 1099-NEC – Nonemployee Compensation (previous compensation)	ously 1099-MISC	box 7)
1099-NEC Payer Name	Box Number	Amount \$ \$ \$
		*
Attach Form(s) 1099-MISC – Miscellaneous Income 1099-MISC Payer Name	Box Number	Amount <u>\$</u>
	-	
Attach Form(s) 1099-INT – Interest Income – Foreign Bank 1099-INT Payer Name	Account: YES	S □ NO □ Amount \$ \$ \$ \$ \$
Attach Form(s) 1099-DIV – Dividend Income 1099-DIV Payer Name		Amount

T_{ax}	Year
1 ал	1 Cai

Form 1040

Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Please use our Stock Sales Organizer if the brokerage statement(s) does not in				infor	mation
Name of Stock Shares Purchase Date Purchase Co		_	ate of Sale		Sale Price
Other Government Forms to attach: Form(s) 1099-G: Certain Government Payments, Schedule K-1s: Partnership, S-Corpor 2G: Gambling or Lottery Winnings, Form(s) 1099-Q: Payments from Qualified Educati				ncome	, Form(s) W-
Social Security Benefits Income Attach Form(s) SSA-1099 – Social Security/Railroad Benefits					
Other Income: Preexisting alimony, jury duty, unreported tips, disability income, etc. Business, rental any business, rental or farm you own (Organizers available upon request and on our wacquired this year, including date of purchase and cost.					
Medical and Dental Expenses					
Prescription medications				\$	Amount
Health insurance premiums					
Doctors, Dentists, etc				\$	
Hospitals, clinics, etc				\$	
Eyeglasses and contact lenses	. .			\$	
Miles driven for medical purposes					
Lab and X-Rays Fees				\$	
Other medical and dental expenses:				Ф	
				\$	
				<u>\$</u>	
				<u>\$</u>	
Taxes					Amount
Real estate taxes paid on principal residence				\$	Timount
Real estate taxes paid on additional homes or land)					
(DO NOT include real estate taxes on rental properties in this section, use Rental	Organ	izer	instead)		
Attach Form(s) 1098 – Mortgage Interest Expenses					
Lender's Name Mortgage Interest Expenses Mortgage Interest Expenses		or	HELOC	\$	Amount
				\$	
				<u>Ψ</u>	
				<u> </u>	
Charitable Contributions Paid by Cash and/or Check Name of Charity (501(c)3 organizations)			Attach se	parat	e list if more Amount
1					
				\$ \$	

Non-Cash Charitable Contributions (501(c)3 organizations)

\mathbf{T}		T 7	
1	$\mathbf{a}\mathbf{v}$	Y	ear
_ (ux	'	car

Form 1040

Attach separate list if more

Name of Charity		Address City, State, Zip		Items Donated	Date Dona	ated	Fair Market Value
						\$	Value
Dlagga nway	rido orridonas of a	ontributions, if you cannot l	but atill	want to alaim daduations C	VC will not be liab	\$ lo for IPC no	norauggiona
riease prov	ride evidence of c	ontributions, ii you cannot i	but still	want to claim deductions G	ve will not be hab	ole for this re	percussions
Estimated '	Taxes Paid	d – 1040ES					
Due I	Date	Date Paid			Amount		
1st Quarter*	4/15/2023						
2 nd Quarter*	6/15/2023						
3 rd Quarter	9/15/2023						
4 th Quarter	1/15/2024						
	•	ts & 2023 1st Quarter		2 4			_
		each tax payment mac eck payments, provide					
				1 5			
Traditional Investment Co		Contributions			Traditional	Roth	Amount
Investment Co	mipany Ivanie	-					\$
							\$
							Ψ
UCA Contra	ibutions (I	Form \$400 CA)					
Company Nam	,	Form 5498-SA)		Г	Caxpayer	Spouse	Amount
							<u>\$</u>
		*For HSA Dist	tributic	ons provide Form 1099	_	Ц	Φ
				•			
Additional	Informatio	on (Enter any addition	nal info	ormation here and atta	ach any docum	ents)	